VERMONT

AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

August 30, 2024

Carl Erickson, Manager
Riverview Life Skills Center
197 Highlander Drive
Jeffersonville, VT 05464-9591

Dear Mr. Erickson:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 23, 2024.** Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

If you have any questions, please feel free to contact me at (802) 585-0995.

Sincerely,

Carolyn Scott, LMHC, MS
State Long Term Care Manager
Division of Licensing & Protection

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0214	A. BUILDING: _____ B. WING _____	C 07/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERVIEW LIFE SKILLS CENTER	197 HIGHLANDER DRIVE JEFFERSONVILLE, VT 05464

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: On 7/23/24 the Division of Licensing and Protection conducted an investigation of one complaint. The following regulatory deficiencies were identified during the investigation:	R100		
R128 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.c Each resident's medication, treatment, and dietary services shall be consistent with the physician's orders. This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there was a failure to ensure medications were administered as ordered for one applicable resident (Resident #1) on 3/14/24. Based on record review the following schedule medications ordered by Resident #1's prescribing Physician were not given as ordered on the evening of 3/14/24: a. Atorvastatin 80 mg b. Escitalopram 10 mg c. Polyethylene Glycol 3350 NF one 17 gram capful d. Trazodone 50 mg e. Quetiapine 100 mg f. Lamotrigine 100 mg This finding was confirmed by the Director of Nursing on the afternoon of 7/23/24.	R128		

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R208	Continued From page 1	R208		
R208 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on Staff interview and record review there was a failure to report one applicable resident's pattern of verbally and physically abusive behavior to the licensing agency (Resident #1). Findings include: The facility's policy for mandatory reporting of abuse indicates the licensing agency must be notified regarding alleged abuse of a facility resident. This policy does not include the regulatory requirement to report a resident's pattern of abusive behaviors to the licensing agency. Per review of facility Incident Reports Resident #1 demonstrated a pattern of verbally and physically abusive behaviors between 1/12/24 and 4/16/24 including: a. 1/12/24: Shoving another Residents and yelling at staff who attempted to address his/her behavior.	R208	Policy for Adult Abuse Reporting updated. Staff must view VTAPS - Training for Mandatory Reporters	

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R208	Continued From page 2 b. 2/5/24: Yelling at staff in his/her room, followed by pushing another resident. c. 2/20/24: Hitting another resident who was seated at the dining room table. d. 3/16/24: Aggressing towards another resident by standing close to him/her while cursing and shouting at him/her to shut up and calling them names. e. 3/17/24: Resident #1 had an incident of grabbing a Staff' member in a sexual manner. f. 4/10/24: Resident #1 cursing and telling another resident to shut up followed by loudly slamming something in his/her own room and later returning to the common area and telling that same resident "needed to shut up, cant ever shut [his/her] mouth". g. 4/26/24: Shoving a Staff 's upper back as the Staff was exiting the bathroom. At approximately 3:40 PM on 7/23/24 the Director of Nursing, Administrative Manager, and Licensee confirmed Resident #1's pattern of verbally and physically abusive behaviors towards other residents and staff were not reported to the licensing agency as required.	R208		

Deficiency Statement Plan of Correction (POC)

Survey Date: July 23, 2024

Facility Name: Riverview Life Skills Center

Deficiency Regulation	How the deficiency was corrected	Date corrected	System changes to ensure compliance of the regulation	Who will monitor to ensure compliance
R128 R128 Plan of Correction accepted by Jo A Evans RN 8/29/24	Medication incident reported per protocol and proper action was taken following the incident including check of resident's medical condition. Staff responsible for medication administration at the time of the error underwent remedial training.	8.15.24	Medication administration process reviewed by nursing and remedial training provided. Nursing will continue to assess medication administration processes and update training methods as needed.	Director of Nursing
R208 R208 Plan of Correction accepted by Jo A Evans RN on 8/29/24	Policy for adult abuse reporting updated to include new training requirements for staff. Staff educated to recognize pattern of abuse and understand parameters for reporting.	8.15.24	Staff required to view mandatory reporter training provided by State of Vermont Adult Protective Services. All incidents related to abuse/violence will be reviewed by management and nursing and reported as necessary.	Director of Nursing